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Department of Veterans Affairs

Clinical Affairs
Day Treatment Center
Program Guide

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(Revised)
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Veterans Health Services and Research Administration
Mental Health and Behavioral Sciences Service
Washington DC 20420

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VA 1.10/4:

FOREWORD

This program guide has been revised to include current guidelines which are essential for the management of a Day Treatment Center. This program guide should be used by all services providing care to the veteran.

This program guide rescinds G-10, M-2, Part X, dated December 9, 1974.

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CHAPTER 1. INTRODUCTION

1.01 PURPOSE

This program guide sets the principles and standards for the operation of psychiatric Day Treatment Centers in VA (Department of Veterans Affairs). It provides guidelines for such programs and is intended to provide the basic philosophy for professional practice in VA Day Treatment Centers.

1.02 SCOPE

The philosophy and principles of this guide apply to GM&S (general medical and surgical) as well as predominantly psychiatric hospitals. This guide is also applicable to independent ambulatory care program facilities. Individual medical centers will need to adapt these guidelines to variations in medical center needs and resources.

1.03 BACKGROUND

a. To ensure high quality treatment and follow-up support for psychiatric patients experiencing severe mental disorders and adjustment problems of longstanding, pilot Day Treatment Center programs were begun in the San Diego and Brooklyn Outpatient Clinics in 1957 and 1958. Subsequently, Day Treatment Centers were established within the VA system throughout the country.

b. Traditionally, Day Treatment Centers have maintained large numbers of fragile, chronic psychiatric patients at relatively static levels of functioning in the community. Over the years, however, this original maintenance function has been expanded. Given the changes in the makeup as well as needs of the veteran patient population, the continuing reductions in state hospital treatment, the development of innovative methods of treatment, and subsequent widespread changes in program philosophy, many Day Treatment Centers now offer more active rehabilitation and health promotion activities, in addition to fulfilling their original task. Furthermore, while continuing to meet the needs of the chronic mentally ill, Day Treatment Center services have also been extended to other patient populations such as the geropsychiatric, post-traumatic stress disordered, etc., who can also utilize the unique and varied treatment modalities that Day Treatment Centers offer.

CHAPTER 2. DEFINITION

2.01 THE DAY TREATMENT CENTER CONCEPT

a. Day Treatment Centers provide a supportive learning environment in which patients having chronic difficulties with community adjustment, interpersonal relations, and vocational or educational problems may receive help. Such patients often have had long periods of hospitalization, and need continuing monitoring of their general health and medication needs. The Day Treatment Center is an outpatient treatment program which can offer a therapeutic experience for a patient who requires clinical assistance and support for as much as 6 to 8 hours per day, 5 days a week, but does not require hospitalization. The program permits patients to remain within their social and family environments concurrent with their treatment program. Location of these programs in the community may serve to enhance the patients' ability to remain within their social and family environments concurrently with their treatment program.

b. The following six major program goals suggest the direction and involvement of Day Treatment Centers in the total mental health care delivery system:

(1) Promote the achievement and maintenance of more independent community functioning for individuals with chronic emotional problems.

(2) Provide an alternative to hospitalization.

(3) Provide transitional services immediately prior to release from the hospital so as to facilitate integration into the community.

(4) Promote improvement of the "quality of life" of the mental patient.

(5) Foster maximum social and vocational rehabilitation.

(6) Provide crisis intervention, brief therapy, continuing therapy, support and education for the patients and their families to prevent future hospitalizations.

c. Many of these patients may need to continue care indefinitely in the supportive environment of the Day Treatment Center.

d. Day Treatment Centers may be utilized effectively both as supportive learning environments and as active multi-functional rehabilitation programs. Flexibility in programming and use of a variety of new and innovative techniques result in the development of effective treatment methods for a more diverse chronic population than was originally envisioned. The role of the Day Treatment Center is seen to include many aspects of treatment, including support, education, rehabilitation, socialization, health promotion, and geropsychiatric treatment.

CHAPTER 3. PATIENTS

3.01 TYPES OF PATIENTS

The Day Treatment Center is appropriate for patients experiencing a wide range of emotional, behavioral, or stabilized physical problems. The program is designed primarily for outpatients who are experiencing longstanding difficulties with interpersonal and community adjustment. It is especially beneficial for patients who have had many years of institutional living prior to becoming Day Treatment Center patients. However, it is also appropriate for patients with emotional disorders or physical disorders of recent onset that require long-term rehabilitation and support and the development of new coping and adjustment skills to minimize future dependency on hospitalization. This expanded population may include, but is not necessarily limited to, geropsychiatric patients, stroke patients, and PTSD (post-traumatic stress disorder) patients, etc.

a. A major goal is to develop the most effective programs that will meet the needs of these heterogeneous populations, which often include:

(1) Young, poorly socialized schizophrenics, at high risk for recidivism.

(2) Geropsychiatric patients with little expectation of returning to work.

(3) Patients for whom treatment compliance is a problem.

(4) Patients having chronic psychiatric disorders with concomitant drug and/or alcohol dependency.

(5) Patients with chronic socially objectionable or disruptive behaviors.

(6) Other patients with chronic psychiatric illnesses or disabling emotional disorders; e.g., some patients with chronic Post-traumatic Stress Disorders.

b. Because of the Vietnam Era and aging World War II veteran population, the distribution of ages of Day Treatment Center patients is bimodal in many centers. Some Centers may choose to provide separate programs for different age groups, while others may combine the age groups.

c. Some patients may be rehabilitated to return to work, while others will make only a marginal adjustment at best. For the later group, a strong focus on daily living skills to prevent hospitalization is appropriate. For those patients for whom the work ethic is important, some work roles within the program are felt to be crucial, whether these be volunteer work in the day treatment center, in the hospital, or in the community, or some form of compensated work therapy.

d. Because of the high correlation between mental disorders and substance abuse especially in the young adult chronic patients, some consideration must be made for this group. Treatment approaches may be modified with the addition of ancillary treatment related to substance abuse.

3.02 ADMISSION CRITERIA

Eligibility for treatment in the Day Treatment Center follows established VA procedures. Patient selection is important in assuring effective and appropriate

treatment utilization. The following factors may be useful in determining general suitability for admission to the Day Treatment Center:

a. **Clinical Indications**

(1) Patients with chronic psychiatric disorders who need continuing and extended therapeutic support to stabilize their condition. Such treatment may prevent the need for hospitalization or rehospitalization and improve the veteran's ability to remain in the community.

(2) Patients not able to function adequately in social, academic or vocational roles and for whom supervision and training in these deficit areas may lead to improved functioning.

b. **Enabling Factors**

(1) Willingness and ability to accept a therapeutic contract.

(2) Willingness and physical ability to attend and participate in the program activities.

(3) Status as an outpatient or as an inpatient in the final stages of hospitalization.

(4) Residency within a practical commuting distance.

(5) Self-medication status (this is desirable but should not exclude alternate methods of receiving medication).

c. **Contraindications**

(1) Patients who are acutely homicidal or suicidal, who are excessively aggressive, or who seriously abuse drugs or alcohol are generally not good candidates.

(2) Patients who are significantly physically disabled, mentally disorganized, or socially deficient to the extent that daily trips to the Day Treatment Center are not feasible are likewise usually not appropriate candidates for the day treatment centers.

Accommodations or referrals for remediation are made for patients who have mental or physical handicaps.

d. **Admission criteria** should periodically and systemically be reviewed by the Day Treatment Center staff to assure staff understanding and consensus regarding the range of the patients to be accepted in the program and assure that there is continuity between the type of client being served and program structure.

e. **Former Day Treatment Center patients** may be readmitted, and assigned to either the full program or to a shortened or modified schedule, according to the appropriateness of the program for the individual patient.

f. **A multidisciplinary staff** should be involved in patient screening and evaluation to aid in the development of a comprehensive treatment plan.

3.03 REFERRAL SOURCES

Patients suitable for a Day Treatment Center may come from numerous referral sources. These include such medical center resources as inpatient psychiatry, medicine

and surgery, Mental Health Clinics, and Day Hospitals. Chaplains, Vet Center staff, volunteers, VA regional office personnel, drop-ins, homeless outreach programs or former Day Treatment Center members also have knowledge of potential candidates. Community resources such as social agencies, community health clinics, veteran's service officers, and the police are also important sources of referrals. In addition, the Day Treatment Center serves as an important mental health program for the other VA facilities in the region, and every effort should be made to acquaint the other facilities with the program and to develop a referral and screening process to facilitate their use of this resource.

CHAPTER 4. TREATMENT PROCEDURES AND PROGRAM DESIGN

4.01 OBJECTIVE OF TREATMENT

The major objective of Day Treatment Centers is to help each individual achieve and/or maintain an optimal level of independent community functioning. This requires the development of attitudes and habits that allow individuals to achieve more adaptive and satisfying lives. The rehabilitation process emphasizes a wide range of interactions and interventions with individuals, groups, and the community. The principle of helping individuals to help themselves and one another is essence of the program.

4.02 TREATMENT MODALITIES

The treatment options listed below reflect the major components of comprehensive programming in Day Treatment Centers. Specific programs, however, will vary as a function of physical facilities, locations, and treatment philosophy.

a. **Milieu Therapy**

(1) Therapeutic staff-patient, patient-patient, and staff-staff interaction during activities.

(2) Patient government.

(3) Patient responsibility groups.

(4) Patient activity planning groups.

(5) Social and recreational activities affording therapeutic interaction and community contact, opportunity for practice of life situations that enable independence.

(6) Therapeutic physical environment.

b. **Skill Training** (Experience has demonstrated the necessity of providing community practice as well as "formal" instruction.)

(1) Social communication.

(2) Assertiveness training.

(3) Social interaction with members of opposite sex.

(4) Problem Solving.

(5) Relaxation training.

c. **Activities of Daily Living**

(1) Grooming and personal Hygiene.

(2) Money management and budgeting.

(3) Shopping.

(4) Independent living.

(5) Cooperative living arrangements.

(6) Academic subjects.

(7) Cooking and diet planning.

(8) Basic housekeeping.

(9) Vacation planning.

(10) Basic home and car repair.

d. **Health and Wellness Promotion** (may use invited guest speakers or presentors)

(1) Stress management.

(2) Medication and side effects.

(3) Nutrition.

(4) Sexual education.

(5) Drug abuse.

(6) Alcohol abuse.

(7) Prevention dentistry and oral hygiene.

(8) Exercise.

(9) Habit control.

(10) Leisure Education.

e. **The Psychotherapies**

(1) Group Therapy (including psychodrama).

(2) Family therapy (including home visits).

(3) Marital therapy and sexual counseling.

(4) Individual therapy (including behavior therapy, gestalt therapy, cognitive therapy, transactional analysis).

f. **Social/Recreational Activity**

(1) Physical activities (bowling, golf, softball, bicycling, table tennis, pool, etc.).

(2) Sedentary activities (arts and crafts, cards, checkers, movies, music, TV, etc.).

(3) Luncheons, parties, dances, award ceremonies.

(4) Community activities (introduction to community facilities that can be used evenings, weekends, following discharge from Day Treatment Center), such as:

(a) Parks, museums, tours, boat rides.

(b) Industry tours.

(c) Sporting events and recreation (picnic, fishing trip).

(d) Movies, theaters, concerts.

(e) Restaurant dining.

(f) Educational (historical society, art institute, Federal Reserve Bank, Office of Employment Opportunities).

(g) Use of public transportation.

(h) Extended and/or overnight trips, including camping.

g. **Intervention Into the Social Environment; Staff and Patients Serving as Social Advocates**

(1) When the patient is incapable of dealing with the situation, e.g., helping a confused patient move into a more highly structured living environment.

(2) When the social environment will not permit patients to use their capabilities, e.g., staff accompanying patients, who can handle their money, to court to help them remove their financial guardian.

(3) When the patient needs transitional support for application in the community of skills learned in sections b, c, and d, e.g., Skill Training, Activities of Daily Living, and Health Promotion.

h. **Facilitating Vocational Adjustment**

(1) Prevocational evaluation and skill training (including job applications and interviews).

(2) Avocational activities.

(3) Adjustment to a schedule, with regular attendance, hours, meals, etc.

(4) Graduated work Experience.

(a) Volunteer work.

(b) V.R.T. (Vocational Rehabilitation Therapy).

(c) I.T. (Incentive Therapy).

(d) Compensated Work Therapy.

(e) Competitive employment.

i. **Medication**

(1) Self-medication.

(2) Learn not to mix or abuse nonprescribed drugs.

(3) Awareness of drug sensitivities.

(4) Awareness of side effects.

(5) Drug interactions.

j. **Community Resources as Supplemental Services**

(1) Self-help groups; e.g., Recovery, Inc., Friendship Clubs, Alcoholics Anonymous, Gamblers Anonymous, Weight Watchers.

(2) Group living homes.

(3) Religious organizations and agencies.

(4) Invited speakers (athletes, actors, teachers, etc.)

(5) Volunteer activities, first in the Day Treatment Center, then in community agencies and hospitals.

(6) Family participation (parties, picnics, discussion groups, etc.)

(7) Sheltered workshops; e.g., Goodwill Industries, State Employment Service, employment agencies, etc.

(8) Drop-in Centers.

k. **Innovations**

New developments in therapy and technology, as well as special resources available at individual medical centers encourage the use of innovative techniques. These innovations may include such activities as computer games and classes, pet adoptions, acting classes, and others.

l. **Patient Designation**

Important therapeutic implications reside in the designation given to the participants in the Day Treatment Center programs. Variations occur from program to program as to how Day Treatment Center patients are addressed. Such designations as members, participants, or clients are frequently used to emphasize an independent active status and role as contrasted to the possible implication of dependency and passivity which may attend the designation as patient.

4.03 PROGRAM MODELS

a. The following are descriptions of program models. Flexibility in scheduling activities to meet the needs of the Day Treatment Center population is a necessity.

(1) **Social Milieu Model**

Patients learn to cope more effectively with situations in a program where staff and patients mutually participate in various activities. This gives some structure to a daily routine and provides opportunities for insight and for practice of life experiences and relationships that should foster independence with minimal stress. This approach

encourages individual and group responsibility, particularly in respect to problem solving and decision making, while discouraging the tendency to be over-dependent on staff direction. The individuals learn to enjoy life and utilize their potential.

(2) Social Learning Model

The patients are taught social, life management, and recreation skills to help them overcome deficits in these areas. Structured reinforcement methods, i.e., token economy, can be helpful in motivating patients to learn needed skills and to replace maladaptive behavior with effective and acceptable behavior.

(3) Vocational Rehabilitation Model

Patients participate in various work assignments with emphasis on retraining of work skills. Emphasis may be placed on graduated work experiences including sheltered workshops and other compensated work therapy programs.

(4) Combined Model

The above models may be integrated in various ways, with modification and expansion so as to meet the needs of different populations and facilities.

4.04 INDEPENDENT STATUS

The Day Treatment Center should be a separate psychiatric program with independent status comparable to the status of mental health clinics, day hospitals, substance abuse programs, and others. Day Treatment Centers should not be clinically or administratively subsumed within or under Mental Health Clinics, Day Hospitals, or other outpatient psychiatry programs. If a day treatment type component were an element of some other outpatient program, e.g., Mental Hygiene Clinic, it would not be considered a true Day Treatment Center. A Day Treatment Center should be established as a separate entity if it meets the workload requirements described in this program guide.

4.05 LENGTH OF STAY IN PROGRAM

Since Day Treatment Center programs and populations vary widely, it is not possible to specify the length of stay in all programs. However, depending upon the type of patients treated, their abilities, their rates of progress, time limits can have therapeutic value. Lengths of stay will vary but should be as brief as clinically feasible. For some individuals, a six month stay in the program may be therapeutic, for others, 18 months, while for others with more chronic difficulties a longer of stay may be necessary. In some cases an indefinite period of treatment may be necessary. Day Treatment Center resources should not be employed for patients who are expected to have a recovery with brief therapy: such patients are candidates for Day Hospital or Mental Hygiene Clinic.

4.06 DISCHARGE AND CONTINUED CARE

a. Because Day Treatment Center programs tend to treat patients who are more seriously disabled or who have been disabled for a long period of time, gradual disengagement from the program is recommended. Termination plans may include a period of time during which the patient may attend the program on a part-time or occasional basis and be involved in the community part-time.

b. Most patients, after discharge from the regular Day Treatment Center program, are referred to VA or community outpatient services for follow-up. In general, it is highly advisable for staff to maintain at least initial follow-up of referred veterans. In some instances, it would be appropriate to have veterans continue with some individual contact with Day Treatment Center staff, or as part of a follow-up group.

4.07 WORKLOAD AND STAFFING PATTERNS

a. The recommended productivity standard for Day Treatment Centers is 1,250 patient visits per professional FTEE. Optimally, the number of daily participants for a single treatment team should not exceed 40. When the average daily attendance exceeds this number or when annual visits exceed 9,000 consideration should be given to adding additional clinical staff within the Day Treatment Center. There should be additional staffing commensurate with the size of the program.

b. Recommendations as to which discipline should be assigned to a Day Treatment Center staff will differ with variations in program philosophy, types of patients treated, professional staff availability, etc. Some general recommendations, however, can be made. For example, with a program offering primarily active rehabilitation with approximately 25-35 visits per day, some combination of the following would be suggested:

(1) Psychiatrist (part-time team member or team consultant).

(2) Psychologist/clinical or counseling (may be part-time if not program director).

(3) Social Worker.

(4) Rehabilitation Medicine Specialist, e.g., occupational therapist, Kinesiotherapist.

(5) Recreation Therapist.

(6) Clinical Nurse Specialist (psychiatric or geriatric) this position may be part-time.

(7) Mental health technician, e.g., vocational rehabilitation specialist, mental health aide, psychology technician.

A secretary/receptionist is recommended but should not be counted in the staff program visit ratio. Additional personnel assisting the staff may include consultants, volunteers and trainees.

CHAPTER 5. PERSONNEL REQUIREMENTS

5.01 STAFF CONSIDERATIONS

The nature of the Day Treatment Center program necessitates that the staff function consistently within the program's philosophy. Team members work closely with one another in the multidisciplinary approach. Even though team members perform the unique duties of their respective professions, this approach permits flexibility and the blending of roles. Although one team member may have primary responsibility for a patient, all team members should share responsibility for planning of the patient's treatment. The ability to set up new and needed programs, such as night programs or home visiting by any one or more members of the treatment team, reflects the type of flexibility needed.

5.02 SELECTION

a. The selection of appropriate staff for a Day Treatment Center program is a most important variable in its success. Staff should have the desire, commitment, and capability to implement the concept of the Day Treatment Center and the ability to adjust their treatment approaches to meet the needs of the patient population. In addition, staff should function closely with other professionals from varied disciplines in a manner that exemplifies the team approach to treatment. Because of the importance of a team approach within the Day Treatment Center, staff generally should be assigned on a full-time basis to assure adequate communication and full participation in all aspects of the program. Part-time staff can function optimally only in an adjunctive or consulting capacity.

b. In selection of the Day Treatment Center's staff, consideration should be given to the ability to relate warmly and patiently to chronic psychiatric patients and to having had previous experience in group approaches.

c. Procedures for the incorporation of students and volunteers into the Day Treatment Center program should be established. Volunteers provide a valuable contribution and thus may be used effectively in helping to achieve the Day Treatment Center goals. How volunteers are used within the program should be the responsibility of the treatment staff. Adequate procedures for supervision and training of all volunteers should be established by the treatment staff in cooperation with the Chief, Voluntary Service. Formal training programs for trainees in health disciplines can not only provide students valuable experience, but also enrich the quality of treatment.

5.03 SUPERVISION

a. The professional with overall program responsibility should be designated as "Chief" rather than coordinator, manager, or director. The Chief, Day Treatment Center, should be a full-time employee within the Day Treatment Center. The ability to incorporate team management concepts and to provide direction and leadership are essential. The key criterion in selecting a mental health professional as Chief of Day Treatment Center Program should be functional competence and not a background in a particular mental health discipline.

b. The Chief, Day Treatment Center, is responsible for program operations to the Chief, Psychiatry Service or to the Mental Health professional designated as responsible for the Outpatient Psychiatry program(s) at the medical center or clinic of which

the Day Treatment is a part. The Chief, Day Treatment Center should not be responsible for program operations to the Chief of any other outpatient psychiatry program such as the Chief, Mental Health Clinic. The Chief, Day Treatment Center, in collaboration with the appropriate service chiefs, should have responsibility for the selection of staff for the Day Treatment Center. The treatment staff should be responsible to program chief in those areas relating to program operation and to their individual disc pline chiefs, for other professional activities.

CHAPTER 6. ENVIRONMENT AND FACILITIES

6.01 LOCATION

Day Treatment Centers preferably should be centrally located in the community apart from a medical center or traditional outpatient setting and in close proximity to public transportation for convenience and travel cost containment. However, also acceptable, the Day Treatment Center may be located within an outpatient facility or in a separate building on medical center grounds.

6.02 SPACE AND ENVIRONMENT

a. The required amount of space should depend on the type of program, the philosophy of the individual Day Treatment Center, and the number of patients and staff involved. The Day Treatment Center staff should be involved in the initial planning and selection of space and facilities.

b. Facilities should include an activity area, waiting room, group therapy room, kitchen, manual skills area, conference room(s), space for secretarial and clerical staff, and secure space for records and other sensitive materials. Other rooms or areas such as dining room, and exercise room may be included depending upon size, focus and emphasis of the program. Offices should be provided for each full-time clinical staff person plus additional space for trainees, students, consultants and volunteers. Adequate and secure space for storage of supplies and equipment should also be included. An area of approximately 5,000 square feet, ideally all on one floor, would be recommended for a core program of approximately 25 to 40 visits per day. More specific space criteria may be found in the Space Planning Criteria Manual for Health Care Facilities, H-08-9, chapter 261.

c. Furnishings should be comfortable, practical and attractive. Furniture and accessories should provide a homelike appearance rather than an institutional atmosphere.

d. Equipment to be utilized in the Day Treatment Center may include video and audio tape recorders, movie and slide projectors, a portable public address system, physical development equipment, recreational equipment, as well as manual arts and occupational therapy equipment for creative and structured activities. Television sets may also be provided. Microcomputers, useful for entertainment, teaching, and research purposes would be valuable equipment in Day Treatment Centers. Equipment should be specifically assigned to the Day Treatment Center. This list is not inclusive but merely suggestive of possible needs within a Day Treatment Center program. Day Treatment Centers with specialized programs may require modification of this list.

CHAPTER 7. INTERNAL ADMINISTRATION

7.01 WRITTEN POLICIES AND PROCEDURES

A Day Treatment Center must formulate a written mission statement, policies, and procedures. These must be updated periodically.

7.02 PATIENT ELIGIBILITY

All veterans eligible for VA outpatient treatment may be referred and admitted directly to the Day Treatment Center following established ambulatory care admission procedures for Mental Health Services and screening by the Day Treatment Center team.

7.03 RESOURCE MANAGEMENT

a. A Day Treatment Center should be designed to provide patient care in the most cost efficient manner compatible with good patient care.

b. Day Treatment Centers should have an assigned program budget on a quarterly basis that should be ample to cover expendable supplies such as those needed for occupational therapy, educational and recreational activities. Non-expendable equipment should be provided to the Day Treatment Center upon request in order to insure the support of program initiatives. The Chief, Day Treatment Center, should be responsible for requesting budgetary funds and should be the designated authority for their disbursement.

7.04 MEDICAL RECORDS

The VA Combined Health Records folder which is established for each patients should be consonant with records kept in other parts of the facility as directed by the Medical Records Review Group/Committee and facility Director. A written and regularly updated treatment plan and progress notes as well as discharge summaries should be prepared for each patient consistent with established timeliness and format procedures.

7.05 QUALITY ASSURANCE

Day Treatment Center QA (quality assurance) activities should be coordinated with the QA plan of Mental Health Services in the medical center.

7.06 MEETINGS

Sufficient time should be set aside for clinical and administrative staff meetings, joint meetings with staff and patients and inservice training meetings.

a. Clinical staff meetings should be held to discuss possible new admissions, to develop treatment plans and monitor treatment progress, to address emergent patient problems and to discuss discharge planning and eligibility review.

b. Administrative staff meetings should be selected to discuss program issues, program planning and QA activities.

c. Community meetings with patients and staff together are useful for problem solving and help develop a working relationship between staff and patients in order to enhance therapeutic effectiveness of the Day Treatment Center.

d. Inservice training for staff should be scheduled on a regular basis to address patient care issues. Staff should be encouraged to attend other relevant training programs in the hospital and the community.

Informal staff meetings should also be scheduled to allow time for mutual staff support.

7.07 REPORTS

Guidelines for Administrative reports for Central Office purposes are in MP-6, part IV, Supplement No. 1.2., chapter 31.

7.08 TRAVEL AND MEALS

Current regulations concerning travel and meals are applicable to Day Treatment Center members. However, many Day Treatment Center Programs provide travel and meals only within an established incentive program as part of an overall treatment regimen. References for beneficiary travel are: MP-1, Part II, Chapter 3, Paragraph 4; M-1, Part I, Chapter 2, Paragraph 2.48; M-1, Part I, Chapter 25. References for meals are: DM&S Manual M-1, Part I, Chapter 2, and as amended by DM&S Circular 10-83-64 (dated April 15, 1983).

7.09 BUDGET

Day Treatment Centers should have an assigned program budget on a quarterly basis that should be ample to cover requested expenses. The Chief, Day Treatment Center, should be responsible for requesting budgetary funds and should be the designated authority for their disbursement.

CHAPTER 8. RELATIONSHIP WITH MEDICAL CENTER AND COMMUNITY

8.01 GENERAL

a. It is important that the Day Treatment Center be viewed as an integral part of the Department of Veterans Affairs medical care system as well as the community's network of health care services. Each Day Treatment Center should develop effective working relationships with other units of the medical center and with wide range of agencies within the larger community to assure continuity of care.

b. Within the medical center, networking can be accomplished by attending team meetings of the inpatient and other outpatient mental health services and by participating in selected case conferences and clinical and teaching rounds of other services including Vet Centers. These liaison activities can facilitate the referral process for patients who are appropriate for placement in the Day Treatment Center and for Day Treatment Center patients who require other medical center services.

c. Within the community, working relationships should be established with agencies that provide housing, financial assistance, rehabilitation, education, health care, employment assistance, voluntary services and other resources. These contacts can serve to strengthen the referral process between the Day Treatment Center and community service providers. These linkages also can assist in reintegrating patients into the community with access to continued care and support services. Patients should be encouraged to utilize community resources when possible in order to avoid duplication of services and to promote self reliance.